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GERMANY.

Report from Berlin—Plague in Egypt and South Africa—Measures against spread of cerebro-spinal meningitis in Germany.

Consul-General Mason reports, April 29, as follows:

Plague.

Egypt.—During the week ended April 8 there were registered in Egypt 4 fresh cases of plague (and 3 deaths), of which 2 cases (2 deaths) occurred in the district of Tuh; 1 case (1 death) in the Magagha district, and 1 case in Alexandria.

During the period from April 8 to 15 there were notified 2 fresh cases of plague and 2 deaths in the district of Tuh, Province Kaliubieh.

British South Africa.—Cape Colony. During the week ended March 11 there were notified 4 fresh cases of plague in East London. During the period from the 11th to the 18th of March there were registered 2 cases of plague in East London and 1 fresh case in Port Elizabeth.

Measures against spread of cerebro-spinal meningitis.

The German health department has just issued a leaflet respecting epidemic cerebro-spinal meningitis, containing instructions for combating the disease. The disease has spread widely in Silesia this winter and spring, ending fatally in about one-third of the cases; in cases of recovery, deafness, blindness, maiming, and mental disorders have remained behind.

The regulations embodied in the leaflet are as follows:

(1) Epidemic cerebro-spinal meningitis is an infectious disease, which is caused by an invisible disease germ, the so-called *Meningococcus intracellularis*.

(2) The sickness begins suddenly, being accompanied with fever (generally ague), violent pains in the head, neck, and limbs, vomiting and unconsciousness, and a peculiar stiffness of the neck, with paralysis of individual muscles. In a number of cases death results in a few days.

(3) Infection generally takes place by means of the mucous of the nose and throat of persons suffering with the disease. Healthy persons in the vicinity of the patient, and those coming in contact with these persons, can also transmit the disease germ in the mucous of the nose and throat, and thus cause the disease to spread.

(4) Small, overcrowded, and badly ventilated rooms favor the spread of the disease.

(5) The following are the most effective protective measures:

(a) Immediate notification of each case of epidemic cerebro-spinal meningitis, and suspected cases, to the police authorities.

(b) Strict isolation of the patient, as well as those suspected to be suffering with the disease, and transportation of the patients to a suitable hospital, if proper isolation in their residence is not practicable. The patients must not be conveyed to the hospital in cabs or other public conveyances. If this, however, in individual cases can not be avoided, the respective conveyances must be disinfected afterwards in

accordance with instructions of the medical officer. The patient may not be discharged from the hospital until all danger of infection has ceased. Before leaving the hospital the patient's clothing must be disinfected and the patient bathed.

(c) The disinfection of the residence must take place immediately after the patient has been taken to the hospital, or after the disease has been cured.

(d) Children attending school, although in good health, must be kept from school if they live in the same house as the patient, until the medical authorities permit their readmission to school.

(e) Relatives of the patient diminish the danger of a spread of the disease for themselves, as well as for persons with whom they come in contact, by the most scrupulous cleanliness, especially of the hands, and by cleansing their throat and hands by disinfectants. For this purpose a weak solution of menthol is recommended.

For the nursing of patients suffering with epidemic cerebro-spinal meningitis the following instructions are to be observed:

(1) Those nurses in charge of cerebro-spinal meningitis patients must, if possible, avoid nursing other patients.

(2) The nurses must wear washable dresses or extra large aprons. The nurses must so place themselves when attending the patients that the mucous bubbles which the patients disseminate in talking, coughing, or sneezing can not touch them.

(3) In the patient's ward there must always be ready for use wash-basins, solution of lysol, towels, etc., for washing the hands.

(4) The saliva, sputum, gargling water, etc., of the patients must be promptly disinfected. The pocket handkerchiefs, bed linen, and body linen, as well as the eating and drinking utensils of the patients, must be also disinfected before leaving the ward.

(5) Food and nourishment of all kinds intended for other persons must not be kept in the patient's room.

(6) Every time before leaving the room of the patient the nurses must carefully disinfect their face and hands and rinse the nose and throat with a disinfecting mouth wash.

GUATEMALA.

Report from Livingston, fruit port.

Acting Assistant Surgeon Peters reports as follows: Week ended April 29, 1905: Present officially estimated population, 3,500; 1 death; prevailing diseases, malarial; general sanitary condition of this port and the surrounding country during the week, good.

Bills of health were issued to the following-named vessels:

Date.	Vessel.	Number of crew.	Number of passengers from this port.	Number of passengers in transit.	Pieces of baggage disinfected.
Apr. 25	Anselm	40	8	0	0
25	Edith and May	5	0	0	0
27	Nicaragua	18	0	0	0

The steamship *Anselm* and the schooner *Edith and May* cleared from Puerto Barrios, Guatemala.